



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

275 E. Main Street, 6W-A
Frankfort, KY 40621
(502) 564-4321
Fax: (502) 564-0509
www.chfs.ky.gov

Janie Miller
Secretary

Elizabeth A. Johnson
Commissioner

October 15, 2008

TO: Nursing Facility (12) Provider Letter A-239

RE: 2009 Statewide Appraisals for Price-Based Ratesetting

Dear Kentucky Medicaid Provider:

Beginning November 1, 2008, statewide appraisals will be conducted in accordance with 907 KAR 1:065, Section 4(1). The appraisals will be performed for nursing facilities that receive quarterly price-based rates. The fee is \$1,150.00 for providers that have not received a reappraisal pursuant to 907 KAR 1:065, Section 4(7). Providers that have received a reappraisal in accordance with 907 KAR 1:065, Section 4(7), will receive an updated appraisal at no cost.

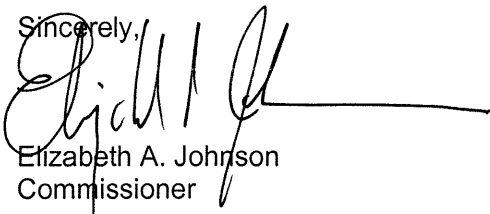
Prior to December 1, 2008, please complete the attached form and mail it along with a check (if applicable) made payable to National Valuation Consultants, the contractor for the appraisals, to the following address:

Attention: Statewide Appraisals
Myers and Stauffer LC
104 Progress Drive
Frankfort KY 40601

Upon receipt of the attached form and applicable check, National Valuation Consultants (NVC) will be notified of the appraisal. NVC will then contact the facility to schedule a date for the appraisal and ask that certain information be made available to them during the appraisal. In order to aid NVC in contacting the facility, please ensure that the contact information on the attached form is accurate.

If you have any questions, please contact Beth Vail of Myers and Stauffer at (888) 749-5799 or (502) 695-6870 or contact Sherilyn Redmon, Branch Manager, Division of Healthcare Facilities Management at (502) 564-5707.

Sincerely,



Elizabeth A. Johnson
Commissioner

EAJ/SR/LF/vlp00612



**Department for Medicaid Services
Nursing Facility 2009 Statewide Appraisals
Confirmation Form**

STEP 1: Service Confirmation: (Check one)

- ☐ This facility has not had a reappraisal since 1999 in accordance with 907 KAR 1:065 Section 4(7). Payment in the amount of \$1,150.00 payable to National Valuation Consultants is enclosed.
- ☐ This facility has had a reappraisal since 1999 in accordance with 907 KAR 1:065 Section 4(7) and no fee is required.

STEP 2: Contact Information (Please print)

Provider Name

Medicaid Provider Number

Contact Name for Appraisal

Street

City

State

Zip

Phone Number

E-mail Address

STEP 3: Signature of Authorized Individual

Signature

Date

Printed Name

Title

STEP 4: Mail completed form (and check, if applicable) to:

Attention: Statewide Appraisals
Myers and Stauffer LC
104 Progress Drive
Frankfort KY 40601